

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90024 034 ****61.25

DOCUMENT # N98000006450

1. Entity Name

THE FUTURE ARTISTS NETWORK FOR THE PINELLAS COUN

Principal Place of Business

Mailing Address

C/O GIBBS HIGH SCHOOL
 850 34TH STREET SOUTH
 ST. PETERSBURG FL 33705

C/O GIBBS HIGH SCHOOL
 850 34TH STREET SOUTH
 ST. PETERSBURG FL 33711-2208



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NURMELA, RALPH
C/O GIBBS HIGH SCHOOL
850 34TH STREET SOUTH
ST. PETERSBURG FL 33705

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMELT, GERALD	
STREET ADDRESS	701 46TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARNEGGER, MARY JANE	
STREET ADDRESS	6212 FAIRWAY BAY BOULEVARD	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALHOUN, JOHN W JR	
STREET ADDRESS	6800 31ST AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	NURMELA, RALPH	
STREET ADDRESS	850 34TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	CALHOUN, LANNY O	
STREET ADDRESS	6800 31ST AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/2000 *727.302.787*
 Date Daytime Phone #